

BEYOND TREATMENT AND MUTUAL HELP GROUPS: CAN RECOVERY COMMUNITY CENTERS HELP SUPPORT RECOVERY?

Bettina Hoepfner, PhD, MS

Associate Professor, *HMS*

Associate Director (Research), *RRI*

151 Merrimac Street, Boston MA 02114

Office: 617-643-1988 | Fax: 617-643-7667

bhoepfner@mgh.harvard.edu

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RATIONALE – WHY RECOVERY?

- **Substance use disorders (SUD)s** are increasingly being recognized as chronically relapsing conditions
 - Require ongoing support and management
 - This support extends well beyond formal treatment courses
- In this symposium, we will focus on different approaches to supporting recovery
 - **Recovery:** The process of eliminating problematic substance use
 - At APA, check out our symposium on “(Re)Defining Recovery: Why is it hard to define, and what are the contentious issues in defining it?”
Saturday, 8:00-9:50



WHAT ARE RCCS?

- Until recently, recovery-oriented systems of care were comprised solely of:
 - Professional treatment
 - Mutual-help organizations
- **Recovery community centers** (RCCs) are emerging as an important **third tier component** of recovery-oriented systems of care
 - **Sanctuaries** anchored in the heart of the community (Valentine, 2010)
 - Provide a range of recovery-oriented, **peer-delivered services** (Haberle et al., 2014)
 - Put a visible, **de-stigmatizing** face on recovery
 - Serve as a **convenient, easily-accessible base** of operations for the local recovery community





WHERE DID RCCS COME FROM?

- RCCs grew out of the recovery advocacy movement, based on evidence that showed
 - **Value of social services** added to standard addiction rehabilitation (McLellan et al., 1998)
 - Role of **self-help groups in sustaining long-term recovery** from substance use problems (Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997)
- **In 1998**, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded recovery programs in its first round of the Recovery Community Support Program (RCSP)
- Currently:
 - **~80-100 RCCs nationwide**
 - High concentration in the **northeast region of the United States** (n=32) (R21 AA022693, PI: Kelly)
 - **... and growing**: 5 new RCCs to be added in MA alone (as per Dept. of Public Health)
 - **6.2% of adults who have had a substance use problem but no longer do** have used a recovery community center (Kelly, Hoepfner, Bergman, & Vilsaint, 2017)





RCCs fill an important niche

Like Previous Models

- Like AA clubhouses, they offer **social fellowship**
- Like a social-service drop-in center, they offer **tangible services** embedded within a support mission.

Unlike Previous Models

- Also **offer emerging recovery support services**, such as recovery coaching and telephone support with follow-up protocols (Haberle et al., 2014; Valentine, 2011)
- **Not allied with any specific recovery philosophy** or model (e.g., 12-step; religious; secular)



OUR SYSTEMATIC REVIEW OF THE LITERATURE



- Search terms
 - “recovery community center”, “recovery center”, “recovery support center”, “peer support center”, “recovery community organization”, or “peer participatory model” in combination with substance use terms
- Five publicly available databases (i.e., PubMed, EMBASE, CINAHL, CENTRAL, and PsycInfo)
- Results
 - 218 records
 - 128 after removing duplicates
 - 45 after removing non-relevant titles
 - 14 after removing non-data abstracts – i.e., 15 news and opinions, 12 at but not about RCCs, 3 residential centers, 1 case report
 - **3** after removing full-texts without data – 8 descriptive accounts, 1 foreign language, 2 not relevant



RESULTS



Paper	N	% ♀	Retention	Outcome
Haberle et al., 2014	385	50%	6% combined recruitment and retention of overall population	<ul style="list-style-type: none"> • Stability on abstinence and mental health symptoms • Increases on <ul style="list-style-type: none"> • independent living conditions (53% owning/renting vs. 30%) • employment (22% full-time vs. 10%; 16% part-time vs. 11%) • income (41% vs. 21% from wages)
Mericle et al., 2014	290	34%	90%	<ul style="list-style-type: none"> • Less likely to use substances at 6-month follow-up (OR=0.5 for alcohol, 0.4 for drugs) • Gains in employment status (5% vs. 14%)
Armitage et al., 2010	55	-	-	<ul style="list-style-type: none"> • 86% reported being abstinent from alcohol and drugs • High service satisfaction, with 89% rating services as helpful and 92% rating provided materials as helpful

- All studies
- Single group
- 6-month follow-up
- RCC participants



HABERLE ET AL. (2014)

- **n=385** participants who used the Pennsylvania Recovery Organization-Achieving Community Together (PRO-ACT) during the years 2008-2011
- No recruitment or retention information, the sub-sample with longitudinal data was largely similar to the overall population, except that GPRA respondents were more likely to be female, older, and of a greater level of education.
- Outcomes (*no formal statistical analyses were conducted*)
 - **Substance use outcomes were largely maintained**, with 92-95% reporting abstinence from alcohol and/or drugs, respectively, at the 6-month follow-up
 - **Living conditions had shifted** from primarily recovery housing at baseline (54%, 34% at 6-month) to owning and renting at 6-month-follow-up (53%; 30% at baseline)
 - **Employment status had shifted** from primarily “unemployed, looking” (43%, 32% at 6-month) to increasingly employed either full-time (22%, 10% at baseline) or part-time (16%, 11% at baseline).





MERICLE ET AL. (2014)

- Participants (n=260) of the Phoenix House Bronx Community Recovery Center (BCRC), a recipient of an NIH H79 grant
 - Adults living in the Bronx
 - Provided locator information to be re-contacted 6 months later
- At 6-month follow-up
 - More participants reported **abstinence** from alcohol (91%), illegal substances (89%), or both (85%)
 - Reported shifts in **employment** status, with greater rates of
 - full-time employment (14% vs. 5% at baseline)
 - part-time employment (7% vs. 1% at baseline)
 - Additionally,
 - **education** (13% full-time enrollment, 7% at baseline)
 - **criminal justice status** (i.e., fewer crimes, on parole, charges pending)
 - **social connectedness** (i.e., more attendance of faith-based self-help groups and other recovery meetings)
 - select **mental health** outcomes (i.e., 14% reporting trouble understanding and remembering, 24% at baseline).





ARMITAGE ET AL. (2010)

- Participants (n=55) of the Recovery Association Project (RAP), Portland, Oregon
- Recruitment/retention not specified
- Outcomes
 - The vast majority of RAP participants reported **complete abstinence** from substance use at 6-month follow-up (86%)
 - Paper comment that RAP made significant progress on program goals, not all of which necessarily involved participant outcomes at this early stage of the program's existence (e.g., **reducing stigma, building RAP's capacity to provide peer recovery services long-term**).
 - The vast majority of surveyed RAP participants found the services and materials provided **helpful** (89% and 92%, respectively).





CONCLUSIONS

- Current single-group, prospective data suggests that RCCs may
 - Maintain or enhance abstinence
 - Support attainment of vocational and educational goals
- Evidence is very limited
 - Only 3 studies to date
 - Retention and recruitment are unclear in 2 out of 3 studies
- Needed are:
 - Group comparison studies
 - Assessment of quality-of-life indices
 - Tracked recruitment and retention



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